TRICARE ENCOUNTER DATA (TED)

CHAPTER 2
SECTION 9.1

ELEMENT NA	ME: SERVICE BRANCH CLASSIFICAT	ION C	CODE (SPONSOR) (1-060)		
	VALIDITY EDITS				
	REFER TO CHAPTER 2, SECTION 5.1				
	RELATIO	NAL E	DITS		
1-060-01F	FOREIGN EDITS [ACTIVE DUTY]	MEME	BER]		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR		
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE		
	AND ENROLLMENT/HEALTH PLAN CODE =	Х	FOREIGN ADSM		
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR		
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA		
	AND AMOUNT PAID BY GOVER	NMEN	TT CONTRACTOR ¹ > ZERO		
	THEN SERVICE BRANCH CLASSIFICATION CODE				
	(SPONSOR) MUST =	A	ARMY OR		
		С	COAST GUARD OR		
		F	AIR FORCE OR		
		Н	PUBLIC HEALTH SERVICE OR		
		M	MARINES OR		
		N	NAVY OR		
		О	NOAA		
	AND REGION INDICATOR =	SC	SOUTH CONTRACT		
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR		
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR		
		J	ACADEMY STUDENT OR		

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT N	AME: SERVICE BRANCH CLASSIFICAT	ION C	ODE (SPONSOR) (1-060) (CONTINUED)
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
1-060-02F			ND ACTIVE DUTY FAMILY MEMBER]
1 000 021	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND REGION INDICATOR =	SC	SOUTH CONTRACT
	AND ENROLLMENT/HEALTH PLAN CODE =	WO	TPR FOREIGN
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		C	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		O	NOAA
	AND HCC MEMBER		
	CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT NAME: SERVICE BRANCH CLASSIFIC		CODE (SPONSOR) (1-060) (CONTINUED)
	T	FOREIGN MILITARY MEMBER OR
	V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
AND HCC MEMBER		
RELATIONSHIP CODE :	= A	SELF OR
	В	SPOUSE OR
	С	CHILD OR STEPCHILD OR
	D	WARD (NOT COURT ORDERED) OR
	Е	WARD (COURT ORDERED) OR
	G	SURVIVING SPOUSE OR
	Н	FORMER SPOUSE (20/20/20) OR
	I	FORMER SPOUSE (20/20/15) OR
	J	FORMER SPOUSE (10/20/10) OR
	K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
		ABUSED DEPENDENT, CLINICAL TRIALS Y FAMILY MEMBER OR RETIREE AND
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		MODICIJED HEADED ADMINI CLADADATE
	6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE :		
		ELIGIBLE
	= E	ELIGIBLE HHC/CM OR ABUSED DEPENDENT OF DISCHARGED OF DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS
	= E AB	ELIGIBLE HHC/CM OR ABUSED DEPENDENT OF DISCHARGED OF DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
	= E AB	ELIGIBLE HHC/CM OR ABUSED DEPENDENT OF DISCHARGED OF DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR CLINICAL TRIALS OR
	= E AB CL CM	ELIGIBLE HHC/CM OR ABUSED DEPENDENT OF DISCHARGED OF DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR CLINICAL TRIALS OR ICMP OR
SPECIAL PROCESSING CODE :	= E AB CL CM SP	HHC/CM OR ABUSED DEPENDENT OF DISCHARGED OF DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR CLINICAL TRIALS OR ICMP OR SPECIAL AND EMERGENT CARE ADJUSTMENT TO NON-TED RECORD (HCS)
SPECIAL PROCESSING CODE :	E E AB CL CM SP B	HHC/CM OR ABUSED DEPENDENT OF DISCHARGED OF DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR CLINICAL TRIALS OR ICMP OR SPECIAL AND EMERGENT CARE ADJUSTMENT TO NON-TED RECORD (HCS) DATA OR COMPLETE CANCELLATION OF NON-TED RECORD (HCS) DATA
AND TYPE OF SUBMISSION ≠ AND AMOUNT PAID BY GOV THEN SERVICE BRANCH CLASSIFICATION CODE	ERNMEN	HHC/CM OR ABUSED DEPENDENT OF DISCHARGED OF DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR CLINICAL TRIALS OR ICMP OR SPECIAL AND EMERGENT CARE ADJUSTMENT TO NON-TED RECORD (HCSI DATA OR COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND TYPE OF SUBMISSION ≠ AND AMOUNT PAID BY GOV THEN SERVICE BRANCH	ERNMEN	HHC/CM OR ABUSED DEPENDENT OF DISCHARGED OF DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR CLINICAL TRIALS OR ICMP OR SPECIAL AND EMERGENT CARE ADJUSTMENT TO NON-TED RECORD (HCS) DATA OR COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA IT CONTRACTOR¹ > ZERO
AND TYPE OF SUBMISSION ≠ AND AMOUNT PAID BY GOV THEN SERVICE BRANCH CLASSIFICATION CODE	ERNMEN A CL CM SP B E	HHC/CM OR ABUSED DEPENDENT OF DISCHARGED OF DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR CLINICAL TRIALS OR ICMP OR SPECIAL AND EMERGENT CARE ADJUSTMENT TO NON-TED RECORD (HCS) DATA OR COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA IT CONTRACTOR¹ > ZERO ARMY OR COAST GUARD OR
AND TYPE OF SUBMISSION ≠ AND AMOUNT PAID BY GOV THEN SERVICE BRANCH CLASSIFICATION CODE	ERNMEN	HHC/CM OR ABUSED DEPENDENT OF DISCHARGED OF DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR CLINICAL TRIALS OR ICMP OR SPECIAL AND EMERGENT CARE ADJUSTMENT TO NON-TED RECORD (HCS) DATA OR COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA IT CONTRACTOR¹ > ZERO ARMY OR COAST GUARD OR AIR FORCE OR
AND TYPE OF SUBMISSION ≠ AND AMOUNT PAID BY GOV THEN SERVICE BRANCH CLASSIFICATION CODE	ERNMEN A CL CM SP B E	HHC/CM OR ABUSED DEPENDENT OF DISCHARGED OF DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR CLINICAL TRIALS OR ICMP OR SPECIAL AND EMERGENT CARE ADJUSTMENT TO NON-TED RECORD (HCS) DATA OR COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA IT CONTRACTOR¹ > ZERO ARMY OR COAST GUARD OR

CHAPTER 2, SECTION 9.1

		N	NAVY OR
		0	NOAA
	AND HCC MEMBER		1407111
	CATEGORY CODE =	A	ACTIVE DUTY OR
		D	DISABLED AMERICAN VETERAN OR
		F	FORMER MEMBER OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		Н	MEDAL OF HONOR RECIPIENT OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUT OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR
		R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LES
	AND HCC MEMBER RELATIONSHIP CODE =	A	SELF OR
		В	SPOUSE OR
		С	CHILD OR STEPCHILD OR
		D	WARD (NOT COURT ORDERED) OR
		E	WARD (COURT ORDERED) OR
		G	SURVIVING SPOUSE OR
		Н	FORMER SPOUSE (20/20/20) OR
		I	FORMER SPOUSE (20/20/15) OR
		J	FORMER SPOUSE (10/20/10) OR
		K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
1-060-10F	CHCBP [EX-SERVICE MEMBER A]	ND FA	MILY]
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH		
	PLAN CODE =	Y	CHCBP STANDARD OR
		AA	CHCBP EXTRA
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCS) DATA OR

CHAPTER 2, SECTION 9.1

ELEMENT N	AME: SERVICE BRANCH CLASSIFICATI		CODE (SPONSOR) (1-060) (CONTINUED)
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVERI	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH		
	CLASSIFICATION CODE (SPONSOR) MUST ≠	٨	ARMY OR
	(SPOINSOR) WIUS1 ≠	A C	COAST GUARD OR
		F	AIR FORCE OR
			PUBLIC HEALTH SERVICE OR
		Н	
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HCC MEMBER CATEGORY CODE =	F	FORMER MEMBER
	AND HCC MEMBER		CELEOR
	RELATIONSHIP CODE =	A	SELF OR
		В	SPOUSE OR
		C	CHILD OR STEPCHILD OR
		D	WARD (NOT COURT ORDERED) OR
		Е	WARD (COURT ORDERED) OR
		G	SURVIVING SPOUSE OR
		Н	FORMER SPOUSE (20/20/20) OR
		I	FORMER SPOUSE (20/20/15) OR
		J	FORMER SPOUSE (10/20/10) OR
		K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
1-060-11F	• TRICARE PRIME REMOTE (TPR) [ACTI	VE DUTY MEMBER]
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH		
	PLAN CODE =	W	TPR ACTIVE DUTY CLAIMS-USA
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT N	AME: SERVICE BRANCH CLASSIFICATI	ON C	ODE (SPONSOR) (1-060) (CONTINUED)
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HCC MEMBER		
	CATEGORY CODE=	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUT OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
	AND HCC MEMBER RELATIONSHIP CODE		
	MUST =	A	SELF
-060-12F	SHCP - REFERRED CARE [ACTIVE		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	SR	SHCP - REFERRED CARE
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSF DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVERN	IMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA

CHAPTER 2, SECTION 9.1

ELEMENT NA	AME: SERVICE BRANCH CLASSIFICAT	ION C	ODE (SPONSOR) (1-060) (CONTINUED)
1-060-13F	• SHCP - NON-REFERRED CARE [A	CTIVE	E DUTY SERVICE MEMBER]
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH		
	PLAN CODE =	SN	SHCP - NON-MTF REFERRED OR
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		C	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
	AND HCC MEMBER RELATIONSHIP CODE		CELE
1 060 16E	MUST =	A	SELF
1-060-16F	TFL [RETIREE AND FAMILY MEM HE HEADER TYPE INDICATOR		VOLICHED HEADED NON ADMINISTANT
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE

AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT NAM	E: SERVICE BRANCH CLASSIFICAT	ION C	CODE (SPONSOR) (1-060) (CONTINUED)
	AND ENROLLMENT/HEALTH	PP	TEL EVEDA OR
	PLAN CODE =	FE	TFL - EXTRA OR
		FS	TFL - STANDARD
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		C	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HCC MEMBER		
	CATEGORY CODE =	D	DISABLED AMERICAN VETERAN OR
		F	FORMER MEMBER OR
		Н	MEDAL OF HONOR RECIPIENT OR
		R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY
1-060-18F	• SHCP VOUCHER		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
		GU	ADSM ENROLLED IN TPR OR
		SC	SHCP - NON-TRICARE ELIGIBLE OR
		SE	SHCP - TRICARE ELIGIBLE OR
		SM	SHCP - EMERGENCY
	OR ENROLLMENT/		
	HEALTH PLAN CODE =	SO	SUPPLEMENTAL HEALTH CARE NON-TRICARE OR
		ST	SUPPLEMENTAL HEALTH CARE TRICARE
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT N	AME: SERVICE BRANCH CLASSIFICAT	тои С	CODE (SPONSOR) (1-060) (CONTINUED)
	AND AMOUNT PAID BY GOVER	NMEN	TT CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
	AND HCC MEMBER RELATIONSHIP CODE =	A	SELF
1-060-19F	• TPR ADFM INTERIM		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT NAME:	SERVICE BRANCH CLASSIFICAT	ION C	CODE (SPONSOR) (1-060) (CONTINUED)
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HCC MEMBER		
	CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED
			OR ON ACTIVE DUTY FOR 31 DAYS OR
			MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY
			OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
			OR
		S	RESERVE MEMBER (MOBILIZED OR ON
			ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY
			OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND HCC MEMBER		
	RELATIONSHIP CODE =	В	SPOUSE OR
		C	CHILD OR STEPCHILD OR
		D	WARD (NOT COURT ORDERED) OR
		E	WARD (COURT ORDERED)

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (1-065) **VALIDITY EDITS REFER TO CHAPTER 2, SECTION 5.1** RELATIONAL EDITS 1-065-01F IF HEADER TYPE INDICATOR = VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR VOUCHER HEADER ADMIN CLAIM RATE-**ELIGIBLE AND** HCC MEMBER CATEGORY CODE = G NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) ADJUSTMENT NON-TED RECORD (HCSR) **AND** TYPE OF SUBMISSION ≠ DATA OR E COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA **THEN AGR SERVICE** LEGAL AUTHORITY CODE MUST = A AGR UNDER 10 U.S.C. 10301 (REFERENCE (B)) OR В AGR UNDER 10 U.S.C. 10211 (REFERENCE (B)) C AGR UNDER 10 U.S.C. 12301(D) (REFERENCE (B)) **OR** D AGR UNDER 10 U.S.C. 12310 (REFERENCE (B)) E AGR UNDER 10 U.S.C. 12501 (REFERENCE (B)) OR F AGR UNDER 10 U.S.C. 3015/301938019 (REFERENCE (B)) OR G AGR UNDER 10 U.S.C. 3033 / 8033 (REFERENCE (B)) **OR** AGR UNDER 10 U.S.C. 3496/8496 (REFERENCE Η (B)) OR Ι AGR: 14 U.S.C. 276 OR J AGR UNDER 32 U.S.C. 502(F) (REFERENCE (M)) **OR** K AGR UNDER 32 U.S.C. 503 (REFERENCE (M)) L AGR UNDER 32 U.S.C. 708 (REFERENCE (M)) OR

Χ

Ζ

AGR: OTHER OR

UNKNOWN/NOT APPLICABLE

CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055)

VALIDITY EDITS

REFER TO CHAPTER 2, SECTION 6.1

	REFER TO CHAPTER 2, SECTION 6.1		
	RELATIC	NAL E	DITS
2-055-01F	• FOREIGN EDITS [ACTIVE DUTY	MEME	BER]
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	Х	FOREIGN ACTIVE DUTY SERVICE MEMBER
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	IT CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND REGION	00	COLUMN CONTRA CT
	INDICATOR =	SC	SOUTH CONTRACT
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND HCC MEMBER RELATIONSHIP CODE		
	MUST =	A	SELF

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

LEMENT N			ODE (SPONSOR) (2-055) (CONTINUED)
2-055-02F			ND ACTIVE DUTY FAMILY MEMBER]
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND REGION INDICATOR =	SC	SOUTH CONTRACT
	AND ENROLLMENT/HEALTH PLAN CODE =	WO	TPR FOREIGN
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCS DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
	CATEGORI CODE -		ACADEMY STUDENT OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		N	NATIONAL GUARD (NOT ON ACTIVE DU' OR ON ACTIVE DUTY FOR 30 DAYS OR LES OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUT OR ON ACTIVE DUTY FOR 30 DAYS OR LES
	AND HCC MEMBER		
	RELATIONSHIP CODE =	A	SELF OR
		В	SPOUSE OR
		G	SURVIVING SPOUSE OR
		С	CHILD OR STEPCHILD OR
		D	WARD (NOT COURT ORDERED) OR
		E	WARD (COURT ORDERED) OR

USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT N A	ME: SERVICE BRANCH CLASSIFICAT	ION C	ODE (SPONSOR) (2-055) (CONTINUED)
		Н	FORMER SPOUSE (20/20/20) OR
		I	FORMER SPOUSE (20/20/15) OR
		J	FORMER SPOUSE (10/20/10) OR
		K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
2-055-08F	SPECIAL AND EMERGENT CARE AND CUSTODIAL CARE [ACTIV]		ABUSED DEPENDENT, CLINICAL TRIALS Y FAMILY MEMBER]
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AB	ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
		CL	CLINICAL TRIALS OR
		CM	ICMP OR
		E	HHC/CM OR
		SP	SPECIAL AND EMERGENT CARE
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUT OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT N.	AME: SERVICE BRANCH CLASSIFICAT	ION C	ODE (SPONSOR) (2-055) (CONTINUED)
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
	AND HCC MEMBER RELATIONSHIP CODE =	В	SPOUSE OR
	REELITION CORE		CHILD OR STEPCHILD OR
		D	WARD (NOT COURT ORDERED) OR
		 E	WARD (COURT ORDERED) OR
		G	SURVIVING SPOUSE OR
		Н	FORMER SPOUSE (20/20/20) OR
		I	FORMER SPOUSE (20/20/15) OR
		J	FORMER SPOUSE (10/20/10) OR
		K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
2-055-09F	• SPECIAL AND EMERGENT CARE AND CUSTODIAL CARE [RETIRE		ABUSED DEPENDENT, CLINICAL TRIALS D FAMILY MEMBER]
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ANY OCCURRENCE OF		
	SPECIAL PROCESSING CODE =	Е	HHC/CM OR
		AB	ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, NON-FINANCIALLY UNDERWRITTEN PAYMENT OF MCS CONTRACTOR OR
		CL	CLINICAL TRIALS OR
		CM	ICMP OR
		SP	SPECIAL AND EMERGENT CARE
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSF DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR

USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT NAME:	SERVICE BRANCH CLASSIFICAT	ION C	CODE (SPONSOR) (2-055) (CONTINUED)		
		О	NOAA		
	AND HCC MEMBER				
	CATEGORY CODE =	D	DISABLED AMERICAN VETERAN OR		
		F	FORMER MEMBER OR		
		Н	MEDAL OF HONOR RECIPIENT OR		
		R	RETIRED MILITARY MEMBER ELIGIBLE FOI RETIRED PAY		
	AND HCC MEMBER		CEVE OR		
	RELATIONSHIP CODE =	A	SELF OR		
		В	SPOUSE OR		
		С	CHILD OR STEPCHILD OR		
		D	WARD (NOT COURT ORDERED) OR		
		E	WARD (COURT ORDERED) OR		
		G	SURVIVING SPOUSE OR		
		Н	FORMER SPOUSE (20/20/20) OR		
		I	FORMER SPOUSE (20/20/15) OR		
		J	FORMER SPOUSE (10/20/10) OR		
		K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))		
2-055-10F •	CHCBP [EX-SERVICE MEMBER AND FAMILY]				
IF	F HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR		
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE		
	AND ENROLLMENT/HEALTH				
	PLAN CODE =	Y	CHCBP STANDARD OR		
		AA	CHCBP EXTRA		
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSF DATA OR		
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA		
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO		
	THEN SERVICE BRANCH CLASSIFICATION CODE				
	(SPONSOR) MUST =	A	ARMY OR		
		С	COAST GUARD OR		
		F	AIR FORCE OR		
		Н	PUBLIC HEALTH SERVICE OR		
		M	MARINES OR		
		N	NAVY OR		
		О	NOAA		

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT N	AME: SERVICE BRANCH CLASSIFICATI	ON C	CODE (SPONSOR) (2-055) (CONTINUED)		
	AND HCC MEMBER CATEGORY CODE =	F	FORMER MEMBER		
	AND HCC MEMBER RELATIONSHIP CODE =	A	SELF OR		
		В	SPOUSE OR		
		С	CHILD OR STEPCHILD OR		
		D	WARD (NOT COURT ORDERED) OR		
		Е	WARD (COURT ORDERED)		
		G	SURVIVING SPOUSE OR		
		Н	FORMER SPOUSE (20/20/20) OR		
		I	FORMER SPOUSE (20/20/15) OR		
		J	FORMER SPOUSE (10/20/10) OR		
		K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))		
2-055-11F	• TPR [ACTIVE DUTY SERVICE ME	MBER	[]		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR		
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE		
	AND ENROLLMENT/HEALTH PLAN CODE =	W	TPR ACTIVE DUTY CLAIMS-USA		
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSF DATA OR		
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA		
	AND AMOUNT PAID BY GOVERNMENT CONTRACTOR ¹ > ZERO				
	THEN SERVICE BRANCH CLASSIFICATION CODE				
	(SPONSOR) MUST =	A	ARMY OR		
		C	COAST GUARD OR		
		F	AIR FORCE OR		
		Н	PUBLIC HEALTH SERVICE OR		
		M	MARINES OR		
		N	NAVY OR		
		O	NOAA		
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR		
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR		
		Ţ	ACADEMY STUDENT OR		

USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT N	AME: SERVICE BRANCH CLASSIFICAT	ION C	CODE (SPONSOR) (2-055) (CONTINUED)		
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR		
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR		
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS		
	AND HCC MEMBER RELATIONSHIP CODE				
	MUST =	Α	SELF		
2-055-12F	• SHCP - REFERRED CARE [ACTIV	E DUT	Y SERVICE MEMBER AND FAMILY]		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR		
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE		
	AND ENROLLMENT/HEALTH PLAN CODE =	SR	SHCP - REFERRED CARE OR		
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN		
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSI DATA OR		
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA		
	AND AMOUNT PAID BY GOVERNMENT CONTRACTOR ¹ > ZERO				
	THEN SERVICE BRANCH CLASSIFICATION CODE	٨	ARMY OR		
	(SPONSOR) MUST =	A			
		C	COAST GUARD OR		
		F	AIR FORCE OR		
		Н	PUBLIC HEALTH SERVICE OR		
		M	MARINES OR		
		N	NAVY OR		
		O	NOAA		
2-055-13F	• SHCP - NON-REFERRED CARE [A	CTIV	E DUTY SERVICE MEMBER]		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR		
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE		
	AND ENROLLMENT/HEALTH PLAN CODE =	SN	SHCP - NON-MTF REFERRED		
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSI DATA OR		
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA		

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT N	AME: SERVICE BRANCH CLASSIFICAT	E: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)				
	AND AMOUNT PAID BY GOVER	NMEN	IT CONTRACTOR ¹ > ZERO			
	THEN SERVICE BRANCH CLASSIFICATION CODE					
	(SPONSOR) MUST =	A	ARMY OR			
		C	COAST GUARD OR			
		F	AIR FORCE OR			
		Н	PUBLIC HEALTH SERVICE OR			
		M	MARINES OR			
		N	NAVY OR			
		О	NOAA			
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR			
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR			
		J	ACADEMY STUDENT OR			
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR			
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR			
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS			
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF			
2-055-16F	• TRICARE SENIOR PHARMACY (
2 000 101	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR			
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE			
	AND ENROLLMENT/HEALTH					
	PLAN CODE =	PS	TSRx			
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR			
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA			
	AND AMOUNT PAID BY GOVER	NMEN	IT CONTRACTOR ¹ > ZERO			
	AND HCC MEMBER CATEGORY CODE ≠	A	ACTIVE DUTY OR			
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR			
		J	ACADEMY STUDENT OR			

USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT NAME: SERVICE BRAN	NCH CLASSIFICAT	ION C	CODE (SPONSOR) (2-055) (CONTINUED)
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
THEN TYPE (SECOND PO			
MUST =		В	RETAIL DRUGS OR
		M	MAIL ORDER PHARMACY DRUGS
CLASSIFI	RVICE BRANCH ICATION CODE		
(SPONSO	PR) MUST =	A	ARMY OR
		C	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	C MEMBER NSHIP CODE =	D	WARD (NOT COURT ORDERED) OR
		Е	WARD (COURT ORDERED) OR
		F	DEPENDENT PARENT, DEPENDENT STEPPARENT, DEPENDENT PARENT-IN- LAW, OR DEPENDENT STEPPARENT-IN- LAW
2-055-17F • TRICARE SENIO	R PHARMACY (7	ΓSRx)	[RETIREE AND FAMILY MEMBER]
IF HEADER TYPE IN	NDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
AND ENROLLM	IENT/HEALTH		
PLAN CODE =	TIPL MOOTOLY	PS	TSRx
AND TYPE OF S	UBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND AMOUNT	PAID BY GOVER	NMEN	TT CONTRACTOR ¹ > ZERO
(SECOND PC	OF SERVICE OSITION)	_	DETAIL DRIVES OF
MUST =		В	RETAIL DRUGS OR
1		M	MAIL ORDER PHARMACY DRUGS
	ERNMENT CON	TRAC	OR (TOTAL)" FOR INSTITUTIONAL CLAIMS FOR BY PROCEDURE CODE, ALL S.

CHAPTER 2, SECTION 9.1

ELEMENT N	AME: SERVICE BRANCH CLASSIFICATI	ои С	ODE (SPONSOR) (2-055) (CONTINUED)
	AND SERVICE BRANCH		
	CLASSIFICATION CODE	٨	ARMY OR
	(SPONSOR) MUST =	A	
		C	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HCC MEMBER	D	DICABLED AMEDICANI VETEDANI OR
	CATEGORY CODE =	D	DISABLED AMERICAN VETERAN OR
		F	FORMER MEMBER OR
		H	MEDAL OF HONOR RECIPIENT OR
		R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY
2-055-18F	TFL [RETIREE AND FAMILY MEM.	BER]	
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH		
	PLAN CODE =	FE	TFL - EXTRA OR
		FS	TFL - STANDARD
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	VMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		C	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HHC MEMBER		
	CATEGORY CODE =	D	DISABLED AMERICAN VETERAN OR
		F	FORMER MEMBER OR
		Н	MEDAL OF HONOR RECIPIENT OR
		R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT NAME: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)			
2-055-20F	• SHCP VOUCHERS		
	IF HEADER TYPE INDICATOR =	= 5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ANY OCCURRENCE O SPECIAL PROCESSING COD		SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLE IN TPR OR
		SC	SHCP - NON-TRICARE ELIGIBLE OR
		SE	SHCP - TRICARE ELIGIBLE OR
		SM	SHCP - EMERGENCY
	OR ENROLLMENT/HEALTI	Η	
	PLAN CODE =	SO	SUPPLEMENTAL HEALTH CARE NON- TRICARE OR
		ST	SUPPLEMENTAL HEALTH CARE TRICARE
	AND TYPE OF SUBMISSION	≠ B	ADJUSTMENT TO NON-TED RECORD (HCSI DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GO	OVERNMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		C	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		O	NOAA
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUT OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LES

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

ELEMENT N A		ION C	CODE (SPONSOR) (2-055) (CONTINUED)
	AND HCC MEMBER RELATIONSHIP CODE		
	MUST =	A	SELF
2-055-21F	• TPR ADFM INTERIM		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ANY OCCURRENCE OF		
	SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH TPR ELIGIBLE ADSM
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCS
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR ¹ > ZERO
	THEN SERVICE BRANCH		
	CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	(SI CINSON) WEST =	C	COAST GUARD OR
		F	AIR FORCE OR
		H	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA
	AND HCC MEMBER		
	CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUT OR ON ACTIVE DUTY FOR 30 DAYS OR LES OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LES
	AND HCC MEMBER		
	RELATIONSHIP CODE =	В	SPOUSE OR
		С	CHILD OR STEPCHILD OR
		D	WARD (NOT COURT ORDERED) OR
		E	WARD (COURT ORDERED)

¹ USE "AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)" FOR INSTITUTIONAL CLAIMS AND "AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE, ALL OCCURRENCES" FOR NON-INSTITUTIONAL CLAIMS.

CHAPTER 2, SECTION 9.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (2-056)

VALIDITY EDITS

REFER TO CHAPTER 2, SECTION 6.1

	REFER TO CHAPTER 2, SECTION 6.1			
	RELATIO	DNAL EDITS		
2-056-01F	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR	
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE	
	AND HCC MEMBER CATEGORY CODE =	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)	
-	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT NON-TED RECORD (HCSR) DATA OR	
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA	
	THEN AGR SERVICE LEGAL AUTHORITY CODE MUST =	A	AGR UNDER 10 U.S.C. 10301 (REFERENCE (B)) OR	
		В	AGR UNDER 10 U.S.C. 10211 (REFERENCE (B)) OR	
		С	AGR UNDER 10 U.S.C. 12301(D) (REFERENCE (B)) OR	
		D	AGR UNDER 10 U.S.C. 12310 (REFERENCE (B)) OR	
		E	AGR UNDER 10 U.S.C. 12501 (REFERENCE (B)) OR	
		F	AGR UNDER 10 U.S.C. 3015/301938019 (REFERENCE (B)) OR	
		G	AGR UNDER 10 U.S.C. 3033/8033 (REFERENCE (B)) OR	
		Н	AGR UNDER 10 U.S.C. 3496/8496 (REFERENCE (B)) OR	
		I	AGR: 14 U.S.C. 276 OR	
		J	AGR UNDER 32 U.S.C. 502(F) (REFERENCE (M)) OR	
		K	AGR UNDER 32 U.S.C. 503 (REFERENCE (M)) OR	
		L	AGR UNDER 32 U.S.C. 708 (REFERENCE (M)) OR	
		Х	AGR: OTHER OR	
		Z	UNKNOWN/NOT APPLICABLE	